| Substitute | for form 14 | 49A/PTO  | )             |                        | Complete if Known |  |
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|            |             |          | SCLOSURE      | Application Number     |                   |  |
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|            |             |          |               | First Named Inventor   |                   |  |
| (          | use as many | sheets a | as necessary) | Art Unit               | 3761              |  |
|            |             |          |               | Examiner Name          | HAND, Melanie Jo  |  |
| Sheet      | 1           | of       | 1             | Attorney Docket Number | 064693-0103       |  |

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| Examiner<br>Initials* | Cite<br>No. 1                                    | Document Number  Number -Kind Code <sup>2</sup> (if known) | Issue Date<br>MM-DD-YYYY |  | N<br>Appli                            | ame of Patentee or |  |  |  |  |
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| Examiner<br>Signature |  | /Melanie Hand/   |                          |  | Date<br>Considered                    | 06/09/2008         |  |  |  |  |

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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